



**NATIONAL UNIVERSITY OF HEALTH SCIENCES
NATUROPATHIC CLINICAL CLERKSHIP PROGRAM**

ANCILLARY CLINICAL EXPERIENCE (ACE) APPLICATION PACKET

This packet of material contains all the forms necessary for application for status as adjunct faculty in the ACE program. All items listed below must be completed and returned to the National University of Health Sciences ACE Program for processing.

- Faculty Application and Practice Profile
- Faculty Affidavit Form
- Transcript Release Form (only for NUHS graduates)
If you are a graduate of another institution, please request a certified copy of your transcripts to be sent to:

National University of Health Sciences
Clinical Clerkship Program
Vice President for Administrative Services
200 E. Roosevelt Road
Lombard, IL 60148-4539

Included with the application are the following documents:

1. NUHS Mission Statement
2. Mid-Clerkship Formative Review form
3. Preceptor Evaluation of Intern form
4. Intern Evaluation of Preceptor form
5. Clerkship Program Syllabus
6. Adjunct Faculty Affidavit
7. ACE Practice Profile Form
8. Attestation Page
9. Transcript Release Form

ACE SPECIFIC CLERKSHIP

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OVERVIEW

The National University of Health Sciences (NUHS) Clinical Clerkship Program (CCP) is designed to offer first professional interns the opportunity to gain valuable clinical experience in the private practice setting under the close supervision and guidance of an experienced, ethical and successful physician (preceptor), who is an adjunct faculty member. Preceptors must renew yearly through practice review.

The program functions within the parameters established by the Council on Naturopathic Medical Education and the state licensing board of the respective state in which the preceptor is located.

The ACE program allows interns to spend part of their clinical training in this off-campus educational experience. The supervising practitioners (preceptors) are adjunct faculty of National University of Health Sciences.

OBJECTIVES

The objectives of the ACE program are as follows:

1. Augment their clinical experience and skills in the private practice setting of the office of an experienced naturopathic physician, which more closely resembles the setting that the intern will encounter after graduation than the institution-based clinics of NUHS.
2. Observe and participate in the activities of the naturopathic and/or allopathic office support personnel, both technical and administrative.
3. Opportunity to become more familiar with the system(s) of third party payers, and the completion of documentation required for receiving payment from such payers.
4. Provide feedback to the University from the physician relative to the quality of the clerkship education of interns.
5. Promote a closer personal and professional relationship between the preceptor and the University.
6. Participate and appreciate the value of involvement in the professional and civic affairs of the community that the physician serves.
7. Develop further those non-clinical skills and attributes essential to developing and maintaining a successful practice.
8. Observe naturopathic and/or allopathic physicians interrelate with other providers, local professional organizations, and representatives of the community health care support system.

CLINICAL CLERKSHIP PROGRAM (CCP) ORGANIZATION
AND CLINICAL CLERKSHIP PROGRAM COMMITTEE

The Clinical Clerkship Program (CCP) is under the authority of the Dean of Clinics. The Dean of Clinics oversees the activities of the CCP and has the day-to-day responsibility for the program. The CCP Committee, chaired by the Dean of Clinics, is responsible for reviewing applications from interns and preceptors, making recommendations to the Dean of Clinics regarding program participants, reviewing the progress and performance of participants, and advising the Dean of Clinics on matters concerning the operation and effectiveness of the program. The Dean of Clinics submits recommendations to the VP for Academic Services and final approval of preceptor must be obtained from the President or his/her designee.

INTERN QUALIFICATIONS

To be eligible for selection for participation in the ACE, an intern must meet the following criteria:

1. Successful completion of 8th trimester of ND program.
2. Is deemed ready by the naturopathic clinical faculty and the Assistant Dean, Naturopathic Medicine to work productively in an external clinical location.
3. In good academic standing and making satisfactory academic progress. A 2.75 GPA average is required.
4. Recommended for participation by the supervising attending clinician and the Chair of Clinical Practice and the Assistant Dean, Naturopathic Medicine.
5. Must not be the subject of any University or clinic disciplinary action.
6. Has completed all assigned patient care records and related forms including narratives and insurance forms to the satisfaction of the supervising attending clinician.
7. Has submitted a completed application form to the VPADS accompanied by a current curriculum vitae.
8. Agrees, as evidenced by a signed affidavit, to abide by the law(s) governing preceptors in the jurisdiction in which the applicant seeks to participate and to abide by the provisions of the NUHS CCP.

ACE SPECIFIC PRECEPTOR QUALIFICATIONS

The CCP Committee recommends and the President of the University approves physicians for participation in this program. Preceptors shall be appointed to the adjunct faculty of the University during the period of time for which they serve as preceptors. They shall serve without compensation and associated fringe benefits. Preceptors who have served a minimum of four (4) months in the preceding calendar year may receive an annual remission of tuition for one NUHS postgraduate instructional course, up to twelve (12) hours in duration, not to exceed a value of \$500 per year. To be eligible for selection as a preceptor, a physician must have the following qualifications:

1. Must have been, prior to functioning as a preceptor, continuously licensed in the jurisdiction in which the applicant practices for that period of time prescribed in the law(s) of that jurisdiction governing preceptors, but in no event for a period of time less than three (3) years.
2. Be currently licensed under the law(s) or the jurisdiction in which the applicant practices.
3. Show evidence of, to the satisfaction of the University, a location, facilities, personnel, equipment, and practice philosophy, which are appropriate for the training of interns in the ACE program.
4. Be, in the judgment of the relevant personnel of the University, of a good moral character and an appropriate professional role model for interns.
5. Not be addicted to alcohol or narcotics, nor use alcoholic beverages, drugs, or other substances to the extent that such use detracts from, interferes with, or impairs the practice of medicine/ naturopathic medicine within reasonable judgment, skill and safety.
6. Have no record of license or disciplinary sanctions during the last three (3) years, or other longer period prescribed by the law(s) governing preceptors of the jurisdiction in which the applicant practices or any conviction or plea of nolo contendere to any offense, whether felony or misdemeanor, which is substantially related to the practice of naturopathic medicine.
7. Provide written evidence, to the satisfaction of the University, of current malpractice insurance coverage in the amount of at least \$1M-3M (per incident) (aggregate).
8. Agree, as evidenced by a signed affidavit, to abide by the law(s) governing preceptors in the jurisdiction in which the applicant practices and to abide by the provisions of the NUHS CCP Program.
9. Have submitted an ACE Preceptor Application/Practice Profile form, current curriculum vitae and all other required data to the VPADS. The preceptor must file all and any annual state-mandated preceptor registration forms and send copies of such to the VPADS. The University will reimburse the preceptor for any state-assessed preceptor registration/application fees.

RESPONSIBILITIES OF INTERNS

The responsibilities of interns are as follows:

1. The intern must complete and submit all required application forms and application fees to the state regulatory agency responsible for overseeing preceptorships. In many states, this must be done in advance of the beginning of the preceptorship. Copies of all submitted forms and of any received responses from the state regulatory agency must be forwarded to the VPADS at NUHS.
2. The intern must immediately notify the VPADS of a change in the status of the clerkship, including but not limited to: change in office address; suspension or termination from the program by the preceptor; change in the hours or days of duty; and any disciplinary or malpractice actions against the preceptor or intern.
3. On a weekly basis, an Intern Weekly Tally Sheet is to be mailed or faxed to the Dean of Clinics. At the end of the clerkship, the intern must submit an "Intern Evaluation of Preceptor" form to the Dean of the Clinics.
4. The intern must cease all clerkship activities at the completion of the approved clerkship time period or upon the official date of graduation, whichever comes first.
5. The intern must spend a minimum of thirty (30) hours per week and a maximum of thirty-five (35) hours per week in the program, unless otherwise stipulated by the Dean of Clinics. The maximum allowable time off for illness or personal reasons during the internship (including clerkship) is specified in the NUHS Intern Manual. Termination of the clerkship by the preceptor must be immediately report to the University.
6. The intern is allowed to provide naturopathic services only while under the supervision of the NUHS approved preceptor. At no time may the intern provide naturopathic services if the NUHS approved preceptor is not present on the clinic/office premises. At no time may the intern provide naturopathic services outside of the clerkship program.
7. The intern is permitted to provide only those naturopathic services for which he/she has received instruction while a student at NUHS.
8. The intern must always represent himself/herself as a naturopathic student. The intern may not represent himself/herself personally, on written or electronic materials as a doctor of naturopathic medicine, nor may the interns name be used in any advertising. The intern may participate in educational presentations to the public, but may not represent himself/herself as a doctor or other licensed health care practitioner.
9. The clerkship program is an extension of the University's intern educational experience. At all times, the intern must act responsibly and professionally, and must not engage in activities or behaviors that might adversely affect the professional reputation or standing of the preceptor or university.
10. The intern must comply with all applicable federal and state laws and regulations relating to naturopathic practice.

RESPONSIBILITIES OF PRECEPTORS (SUPERVISING PHYSICIANS)

The responsibilities of preceptors are as follows:

1. The preceptor must complete and submit all required application forms and application fees to the state regulatory agency responsible for overseeing preceptorships. Copies of all submitted forms and of any received responses from the state regulatory agency must be forwarded to the VPADS at NUHS.
2. The preceptor must immediately notify the VPADS of any change in status including, but not limited to, change in office address, significant reduction in office hours resulting in less than 30 hours per week of ACE experience, and any disciplinary or malpractice actions against the preceptor or intern.
3. The preceptor must continuously assess the performance of the intern and provide meaningful feedback to the intern. The preceptor must also submit the required clerkship evaluation reports to the Dean of Clinics. These reports include the Mid-Clerkship Formative Review and the final Preceptor Evaluation of Intern.
4. The preceptor must provide a meaningful ACE experience for the intern, ensuring that what is presented, studied, and mastered by the intern is related to naturopathic practices.
5. The preceptor must maintain high standards of academic and professional excellence and personal integrity through personal example. NUHS endorses the statement on Professional Ethics from the American Association of University Professors. Especially relevant to the ACE setting is the following excerpt from the statement: *“As a teacher, the professor encourages the free pursuit of learning in his students. He holds before them the best scholarly standards of his discipline. He demonstrates respect for the student as an individual and adheres to his proper role as intellectual guide and counselor. He makes every reasonable effort to foster honest academic conduct and to assure that his evaluation of students reflects their true merit. He respects the confidential nature of the relationship between professor and student. He avoids any exploitation of students for his private advantage and acknowledges significant assistance from them. He protects their academic freedom.”* In addition, the preceptor is expected to comply with the American Association of Naturopathic Physicians’ Code of Ethics.
6. The preceptor is expected to provide instruction in clinical and related business topics in accordance with the syllabus included in the appendix of this document.
7. The preceptor must be present on the clinic/office premises at all times when care is being provided by the intern. The intern may not substitute for the physician in case of absence due to illness, vacation, or any other reason. If the preceptor is absent for more than two days, the intern is instructed to contact the Dean of Clinics for instructions. In the event of a vacation, illness or other cause of absence of the preceptor, the intern may continue to serve if another naturopathic physician, who has been approved by NUHS to participate in the ACE program, provides supervision.
8. The preceptor shall assign to the intern only those patient services that can be safely and effectively performed by the intern. If state laws and regulations permit naturopathic (articluar) manipulation by an ACE intern, then the preceptor may allow

the intern to adjust (manipulate) patients. For any patient whom the intern has not previously adjusted or observed being adjusted, the preceptor must demonstrate the proper manipulative procedure on the first patient visit and must personally observe the intern adjusting the patient on the second visit. Observation of the intern adjusting the same patient on subsequent visits is left to the discretion of the preceptor.

9. The preceptor shall ensure that the informed consent of the patient is obtained before the intern renders any form of examination, physical therapy or naturopathic treatment to the patient.
10. The preceptor shall ensure that the intern practices in accordance with applicable federal and state statutes and regulations relating to health care practices (e.g. HIPAA) and public health, including (but not limited to) the prevention of transmission of blood borne pathogens and other infectious diseases.
11. The preceptor must maintain a valid license or legal registration to practice in the state in which the ACE is located. Any disciplinary actions or other sanctions by regulatory agencies or associations are to be immediately reported to the VPADS. Similarly, any offense, whether felony or misdemeanor, substantially related to the practice of medicine/naturopathic medicine/chiropractic medicine, must be immediately reported to the VPADS.
12. The preceptor shall not supervise at any one time more than one intern.
13. The preceptor shall permit the intern to perform only such acts as prescribed by, and incidental to, the intern's training program as developed, required and supervised by the University and its faculty, but in no case shall the preceptor permit the intern to perform acts not permitted by the law(s) governing preceptors of the jurisdiction in which the preceptor practices. In those states where radiography services may only be rendered by licensed or certified persons, the preceptor may allow the intern to position patients for radiographs, but shall not allow the intern to actually make the exposure.
14. The preceptor shall comply with all requirements of the rules and law(s) governing preceptors of the jurisdiction in which the preceptor practices.
15. The preceptor has the right to terminate the clerkship, provided sixty (60) days written notice has been given to the VPADS.
16. The preceptor is encouraged to make every possible effort to assist the intern in making housing arrangements for the clerkship period, but in no case shall the preceptor compensate the intern for services rendered within the context of this program.

COMPENSATION OF INTERNS

The law in many states prohibits the compensation of unlicensed interns and therefore the NUHS ACE program has adopted a similar policy. Preceptors may not pay or otherwise compensate the intern during the ACE. Preceptors are encouraged to assist the intern in locating affordable housing, if such is necessary.

MALPRACTICE INSURANCE

Interns participating in an approved ACE program of the University have malpractice insurance provided by the University's institutional policy from the National Chiropractic Mutual Insurance Company (NCMIC). This policy covers interns providing naturopathic services under the supervision of an approved university adjunct faculty member, including preceptors. Coverage is not provided for any services not considered to be a part of the educational program of the institution. Preceptors must provide proof of malpractice coverage to the University, with minimum policy coverage of \$1M-3M.

PROGRAM MONITORING

The University and/or CNME site team reserves the right to monitor the performance of participants in this ACE program.

CHANGES IN THE CLERKSHIP PROGRAM

The University reserves the right to make changes to the clerkship program at any time due to circumstances which, in the sole judgment of the University, become necessary as a result of changes in the laws governing such programs in the jurisdiction(s) where the program is operable, or as a result of observed deficiencies that hamper fulfillment of the University's mission. In the event that change(s) is (are) made, the University shall provide written notice to the preceptor(s) no less than thirty (30) days prior to the effective date of such change(s), except for change(s) that is (are) mandated by law to occur at a time that would preclude written notice thirty (30) days in advance of the effective day of such change(s). The University reserves the right to terminate the relationship at any time.

National University of Health Sciences

Mission Document

Because:

- We value students as unique individuals seeking quality health sciences education through our service and support;
- We value being progressive, knowledgeable, adaptable, original, and academically sound in our academic programs;
- We value the substantive quality of our curricula through emphasis upon academic excellence;
- We value progress achieved by the development of new knowledge and its importance to chiropractic medicine and other complementary healing arts and sciences;
- We value quality training and practice in the clinical skills of all relevant programs with particular emphasis upon the physician/patient relationship within the first professional programs;
- We value complementary and alternative care for its emphasis upon holism and use of the least invasive therapeutic procedures necessary for optimizing human health;
- We value collegiality and cooperation among all members of the University community, the related professions, other health care systems, and the community;

Therefore:

The mission of National University of Health Sciences is to provide and promote the necessary leadership, management and resources for the advancement of education, new knowledge, outreach, and the ethical practice of the healing arts and sciences as taught within the programs of this University.

National University of Health Sciences

ACE PROGRAM MID-CLERKSHIP FORMATIVE REVIEW

Instructions:

The student should arrange a one-month review meeting with the supervising doctor to discuss the issues listed below and the goals established during the initial meeting. This review should be brief and provide clear understanding of the standards and expectations as well as a basis for modifying performance over the time remaining in the clinical experience.

Issues to include:

1. How is the clinical experience going so far?
2. Is the supervising doctor meeting the objectives in the learning contract?
3. Is the student meeting the objectives in the learning contract?
4. Are there additional learning experiences the student would like to initiate during the remainder of the program?
5. What are the student's strengths?
6. What are the student's weaknesses?
7. What, specifically, should the student do during the remaining time to improve performance?
8. Are there any revisions to the previously set goals?

Name of Student (print)

Signature of student

Date: _____-_____-_____

Name of Preceptor (print)

Signature of Preceptor

Date: _____-_____-_____

When completed please mail to:

**National University of Health Sciences
Clinical Clerkship Program
Vice President for Administrative Services
200 East Roosevelt Road
Lombard, IL 60148**

**National University of Health Sciences
PRECEPTOR EVALUATION OF INTERN**

Student Name: _____ Date: ____ - ____ - ____
Preceptor Name: _____ City/State _____

Directions: This evaluation form should be completed at the conclusion of your Clerkship. Please evaluate the experience with your preceptor by rating each of the items below. Your honesty and constructive criticism will be used to improve the Clerkship for future participants. Please use the following scale:

5= Always 4= Frequently 3= Sometimes 2= Rarely 1= Not at all N/A= Not able to evaluate

My Intern as a practitioner:

- | | | | | | | |
|---|---|---|---|---|---|-----|
| 1. Was acutely aware of the concerns of patients | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Demonstrated an ease of communication with patients | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Was involved in community oriented activities | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Respected different opinions | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Was up to date on general approach and treatment of Naturopathic problems | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Applied practice management skills | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Demonstrated an active interest in continuing education | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Was enthusiastic about learning | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. Established a working relationship with me base on respect and trust | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. Was able to accept ever-greater responsibilities in working with patients | 5 | 4 | 3 | 2 | 1 | N/A |
| 11. Stimulated my problem solving capabilities asking probing questions | 5 | 4 | 3 | 2 | 1 | N/A |
| 12. Maintained an approachable teaching atmosphere | 5 | 4 | 3 | 2 | 1 | N/A |
| 13. Understood decision making reasoning | 5 | 4 | 3 | 2 | 1 | N/A |
| 14. Asked appropriate questions | 5 | 4 | 3 | 2 | 1 | N/A |
| 15. Provided positive feedback | 5 | 4 | 3 | 2 | 1 | N/A |
| 16. Engaged in independent learning through books, etc. | 5 | 4 | 3 | 2 | 1 | N/A |

**National University of Health Sciences
INTERN EVALUATION OF PRECEPTOR**

Student Name: _____ Date: ____ - ____ - ____
Preceptor Name: _____ City/State _____

Directions: This evaluation form should be completed at the conclusion of your Clerkship. Please evaluate the experience with your preceptor by rating each of the items below. Your honesty and constructive criticism will be used to improve the Clerkship for future participants. Please use the following scale:

5= Always 4= Frequently 3= Sometimes 2= Rarely 1= Not at all N/A= Not able to evaluate

My Preceptor as a practitioner:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Was acutely aware of the concerns of patients | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Demonstrated an ease of communication with patients | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Was involved in community oriented activities | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Respected different opinions | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Was up to date on general approach and treatment of Naturopathic problems | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Applied practice management skills | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Demonstrated an active interest in continuing education | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Was enthusiastic about teaching me as a student | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. Established a working relationship with me base on respect and trust | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. Encouraged me to accept ever-greater responsibilities in working with patients | 5 | 4 | 3 | 2 | 1 | N/A |
| 11. Allowed me ample opportunity to practice my newly learned skills | 5 | 4 | 3 | 2 | 1 | N/A |
| 12. Stimulated my problem solving capabilities asking probing questions | 5 | 4 | 3 | 2 | 1 | N/A |
| 13. Maintained an approachable teaching atmosphere | 5 | 4 | 3 | 2 | 1 | N/A |
| 14. Explained decision making reasoning to me | 5 | 4 | 3 | 2 | 1 | N/A |
| 15. Encouraged me to ask questions | 5 | 4 | 3 | 2 | 1 | N/A |
| 16. Provided positive feedback | 5 | 4 | 3 | 2 | 1 | N/A |
| 17. Encouraged independent learning through books, etc. | 5 | 4 | 3 | 2 | 1 | N/A |



ACE PROGRAM SYLLABUS

I. Intern Office Orientation

The intern should be oriented to the office during the first day.

- Staff and their responsibility
- Patient population characteristics
- Individual practitioner's special interest and skills
- Intern's "office space"
- Parking
- Office lab and X-ray procedures
- Office library and referencing materials
- Appointment schedule, charting, etc.
- Review of the office's patient confidentiality policies

II. Business and Insurance Procedures

Time should be established for the intern to discuss the office's business and insurance procedures with the preceptor and the office staff. As time permits, the intern should be afforded the opportunity to observe the office staff interacting with the patients and their third-party payers, and working on reimbursement-related forms and correspondence. Not all offices will deal with all types of patients or reimbursement systems.

1. Insurance verification and form preparation
 - Standard insurance (indemnity)
 - Managed care (PPO, HMO)
 - Medicare
 - Public aid
 - Worker's Compensation
 - Disability
2. Medicare
 - Chiropractic coverage
 - Patient eligibility
 - Problems encountered
3. Public aid, indigent, charity care
 - Chiropractic coverage
 - Patient eligibility
 - Problems encountered
4. Credit and collection
 - Collection procedures
 - Phone and mail techniques for contacting delinquent
 - Accounts

- Posting payments
- Use of collection agency
- 5. Computerized billing, if available
 - Advantages and disadvantages
 - Variety of reports available
- 6. Accounts receivable
 - Aging accounts
 - Outstanding balances
 - Posting payments
 - Adjustments, credits and discounts
- 7. Handling cash and checks
 - Bank deposits
 - Cash controls and auditing systems to prevent theft
 - Balancing at the end of the day
- 8. Supervising the business and clerical personnel
 - Standards of performance
 - Compensation system
 - Work incentives

III. Office Procedures

Time should be established for the intern to observe office staff in essential support areas of the office. In some offices, it will be possible for the intern to spend time performing many of these duties in order to become more knowledgeable of the dimensions of the job and therefore to become more capable of hiring and training people to assume these tasks.

- 1. Front Desk
 - Appointment scheduling
 - Handling incoming and outgoing patients
 - Telephone calls
- 2. Patient Records
 - Preparation of new files for patients
 - Filing systems
 - Financial records
- 3. Cashier
 - Posting transactions
 - Producing patient bills/receipts

IV. Clinical Procedures

The majority of the intern's time will be spent directly observing patient care, assisting in rendering care and actually examining and treating patients (where permitted by law). Depending on the particular state, office and preceptor, some of the procedures below will not be applicable and others may be added to the list. The preceptor should be present for all preliminary examinations and for the presentation of the report of findings and management recommendations to the patient. Prior to being allowed to adjust (manipulate) a patient, the intern must have observed the preceptor adjusting the patient on at least one prior occasion.

1. Examination procedures
 - Taking the patient's history
 - Performing general physical examinations
 - Performing focused examinations for orthopedic problems
 - Performing neurologic evaluations
 - Assessing patient progress/re-examination
 - Taking X-rays
2. Diagnostic processes
 - Interpreting examination findings
 - Interpreting X-rays
 - Differential diagnosis
 - Identification of problems to be referred out
 - Decision making on X-rays, laboratory tests and special problems
3. Treatment procedures
 - Rationale for selecting treatment procedures
 - Establishing treatment goals and outcomes measures
 - Frequency and duration of care
 - Soft tissue technique
 - Muscle stretching and relaxing techniques
 - Spinal Manipulation
 - Extra vertebral manipulations
 - Physical therapy (ultrasound, electrical stimulation)
 - Rehabilitation (therapeutic exercises, postural training)
 - Acupuncture
4. Patient education
 - Report of findings
 - Explanation of treatment plan
 - Explanation of treatment goals
 - Informed consent
 - Passive vs. active patient role in care
 - Nutritional counseling
 - Work/activity restrictions
 - Lifestyle modifications
5. Charting
 - Recording the history
 - Recording examination findings
 - Progress (SOAP) notes
 - Outcomes assessment (visual analog scale, pain)
 - Inventories, disability Indices, etc.

**National University of Health Sciences
CLINICAL CLERKSHIP PROGRAM
Adjunct Faculty Affidavit**

As an adjunct faculty member of National University of Health Sciences, I understand that I have certain responsibilities to the program. The following affidavit affirms that I am familiar with the ACE program for which I am applying. I understand that I will be referred to as the “preceptor” for the purposes of this document.

1. I have received and read a copy of the NUHS Clinical Clerkship Program Description and Syllabus.
2. I have read the state law for the state in which I practice and understand those laws as they pertain to the status of preceptorships.
3. I agree to abide by the rules and regulations set forth by the state in which I practice and by NUHS policies and procedures while I am a supervising preceptor.
4. I understand that a violation of state law may result in license suspension or revocation, and violation of NUHS policies and procedures could invalidate malpractice coverage by the University for the intern.
5. I agree to submit all required reports to the Dean of Clinics within the time frames identified and on the appropriate NUHS forms supplied.
6. I understand that as an adjunct faculty member of NUHS, I must abide by all policies and procedures pertaining to the function of faculty members. This includes, but is not limited to, intern-faculty interactions and relationships, rights and responsibilities applicable to an internship setting.
7. I will notify the VPADS immediately of any change in the status of my license or malpractice coverage, of any legal or disciplinary actions taken against my naturopathic practice, or me or of any events or actions that might impede my function as a preceptor.
8. I have read and agree to abide by the Mission of National University of Health Sciences at all times during my designation as adjunct faculty.

Signature: _____ Date: _____

Printed Name: _____

NATIONAL UNIVERSITY OF HEALTH SCIENCES

ACE PRECEPTOR PRACTICE PROFILE

In order to process your application as an Ace Program participant, please complete, sign, and date this form.

Please print or type:

Name _____

Street Address _____

City / State / Zip _____, _____

Phone () _____ Fax () _____

Web-site _____ E-Mail _____

****PART I:** Disciplinary, Licensing, Impairment Issues

For any “Yes” response, please attach a separate explanation page.

No	Yes	
		Have you ever been a defendant in a malpractice suit?
		Has your name been included in the National Practitioner's Data Bank for disciplinary or litigation reasons?
		Have you ever had admitting or staff privileges denied or revoked?
		Have you ever been expelled or suspended by Medicare or Medicaid?
		Has your professional license in any state ever been revoked, limited, suspended, or voluntarily relinquished?
		Have you ever been convicted of felony?
		Has disciplinary action ever been taken against you by a state licensing board or professional society/organization?
		Do you have any physical or mental conditions, including chemical dependence, which could interfere with your ability to practice or supervise interns?
		Are you required to represent yourself as a registered sex offender in any state?

****PART II: Practice Profile**

Please mark any of the following clinical services that you currently provide.

	General naturopathic practice		Blood type diet and lifestyle counseling
	Dietary counseling		Venipuncture
	Nutritional supplementation		Intravenous/ Parenteral therapy: IV drip IV push Intramuscular injection
	Botanical medicine		
	Homeopathy		Minor surgery/ office procedures
	Acupuncture		Pharmacotherapy
	Lifestyle counseling		Female pelvic exams/ PAP smears
	Homotoxicology/ drainage therapies		Prostate exam/ testicular exam
	Soft tissue manipulation		Midwifery/ natural childbirth
	Hydrotherapy		
	Colonic irrigation		
	Food allergy testing (antibody, ELISE/ ACT etc.)		

Please circle the response that best estimates your treatment protocols:

1 = 80% +	3 = 20% - 49%
2 = 50% - 79%	4 = Less than 20%

1	2	3	4	Diet recommendations	1	2	3	4	Mechanical traction
1	2	3	4	Nutritional supplement	1	2	3	4	Soft tissue manipulation
1	2	3	4	Homeopathic medicine	1	2	3	4	Microcurrent
1	2	3	4	Botanical medicine	1	2	3	4	Sinewave
1	2	3	4	Spinal manipulation					Fluidotherapy
1	2	3	4	Hydrotherapy					Other
1	2	3	4	Low volt or High volt galvanic stimulation	1	2	3	4	Acupuncture
1	2	3	4	Interferential current	1	2	3	4	I.V. therapy

The routine new patient encounter in your office includes (check all that apply):

	Past medical history		Blood pressure
	Temperature, pulse, respiration		Cranial nerve testing
	Heart and lung sounds		Abdominal examination
	Muscle reflex testing		Other:

Please estimate the amount of exposure the intern would receive during an average week for each of the following patient compensation types.

	None to minimal	Moderate	High
Cash			
Managed care PPO/HMO			
Individual or group insurance			
Personal injury			
Worker's compensation			
Medicare			
Medicaid			

Please estimate the amount of exposure the intern would receive during an average week for each of the following patient types.

	None to minimal	Moderate	High
Gynecologic			
Geriatric			
Pediatric			
Internal (visceral) disorders			
Musculoskeletal disorders			
Environmental medicine			
Patients with cancer			

What type of laboratory tests do you order? (circle all that apply)

None	Blood	Urine	Stool	Hair
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Approximately what percentages of new patients have lab testing ordered? (circle)

0% - 10%	11% - 25%	26% - 50%	51% - 75%	76% - 100%
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Approximately how many new patients do you personally see each week? (circle)

Less than 5	6 – 10	11 - 20	21 – 30	More than 30
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Approximately how many returning patients do you personally see each week (regular office visits)? (circle)

Less than 30	31 – 50	51 – 70	71 – 90	91 – 120	121 – 150	More than 150
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Which of the following best describes your participation at your office?

<input type="checkbox"/>	Sole proprietor	<input type="checkbox"/>	Partner
<input type="checkbox"/>	Associate	<input type="checkbox"/>	Sharing Space
<input type="checkbox"/>	Consultant	<input type="checkbox"/>	Other

Please indicate the number of full time/part time status of your office staff.

Full time	Part time	Indicate yourself by placing a checkmark
		N.D.s
		D.C.s
		M.D.s
		D.O.s
		Other professionals (indicate degree:)
		Physical therapists
		Naturopathic assistants
		Nurses
		X-ray technologists
		Receptionists (not including C.A.s)
		Billing personnel (not including C.A.s)
		Massage therapists
		Others:

What is the approximate square footage of your office?

Please use the space below to describe any unique characteristics of your office, practice, or experience you feel would be of interest to the ACE Committee.

*****PART III: Biographic Information**

(Last Name) (First Name) (M.I)

Soc. Sec. _____ - _____ - _____ D.O.B. _____ / _____ / _____

Degree(s) _____

Work Phone () _____ Cell () _____ Fax () _____

Web Site www. _____

E-mail _____

Naturopathic or Medical College _____ Grad. Date _____ / _____ / _____

Undergrad. _____

Grad. Date _____ / _____ / _____

Teaching appointments (if applicable)

Residency _____ Institution _____
Dates _____

Board Cert. (i.e. ONCANP) _____ Date _____ / _____ / _____

Degree _____ License #(s) _____ State _____
Date Issued _____ / _____ / _____

Degree _____ License #(s) _____ State _____
Date Issued _____ / _____ / _____

Degree _____ License #(s) _____ State _____
Date Issued _____ / _____ / _____

Professional Organizations:

Hospital Affiliation

Date of Affiliation _____ / _____ / _____

Type of Affiliation



ATTESTATION PAGE

I, the undersigned, hereby attest that the information provided in the attached application to the NUHS Clinical Clerkship Program is accurate, complete and representative of my training, experiences and competence to participate as a preceptor for National University. I specifically authorize the Dean of Clinics or the Dean's designee to consult with any third party who may have information bearing on this application and to request and inspect such reports, recommendations and other documents that may be material to the questions in this application. I understand that a check of any relevant Physician's Databank and state regulatory bodies will be conducted. I hereby release the parties from any liability for any reports, records, recommendations, or other documents or disclosures involving me that are made, requested or received by National University of Health Sciences and its authorized representatives to, from, or by any third parties, including otherwise privileged or confidential information, made or given in good faith and relating to the subject matter addressed by this application.

Signature: _____

Printed Name: _____

Date: _____

Please attach to this form:

- A copy of your unrestricted state professional license
- A copy of any certifications relating to professional practice
- A copy of your current curriculum vitae
- Copies of all office forms, patient record information and HIPAA compliance forms
- A copy of five (5) consecutive progress notes from three (3) different patients with all pertinent privately identifiable information blacked out
- A copy of your cover sheet with your current, active malpractice policy

If you graduated from NUHS, please complete the following form and return with your packet.

All graduates of institutions other than National University of Health Sciences must contact their respective institutions and have official transcripts sent directly to:

**NUHS Clerkship Program
Vice President of Administrative Services
200 E. Roosevelt Road
Lombard, IL 60148**

Clerkship Request for Official Transcript

Requestor Information			
Last Name		First Name	Middle Name
SSN or SIN		Date of Birth	Name(s) Previously Used
Daytime Phone		Home Phone	Degree(s) Awarded
Address		Approximate Dates Attended	
Email Address		City, State Zip	
If Enrolled, Indicate Current Trimester		QUANTITY OF TRANSCRIPTS REQUESTED	

Special Instructions – check all that apply	Reason for Request – check all that apply
<input type="checkbox"/> Send after degree is awarded _____ (month/year) <input type="checkbox"/> Send after grades for the _____ trimester are posted <input type="checkbox"/> Send after grade is changed for course(s): _____ <input type="checkbox"/> Mail to address listed above <input checked="" type="checkbox"/> Mail to third party address listed below <input type="checkbox"/> Pickup at Lombard campus† (Janse Hall, 2 nd Floor) <input type="checkbox"/> RUSH service. See details in "Fees" section below. <small>†Orders left for more than 30 days will be destroyed.</small>	<input checked="" type="checkbox"/> Clerkship Application

Verify recipient address before requesting your transcript. Print clearly and give detailed information. The Office of the Registrar is not responsible for the delivery outcome to incorrect recipient addresses.
PHOTO ID IS REQUIRED FOR ALL TRANSCRIPT PICK-UPS. Please allow up to 5 business days for regular service. No additional charge for first class US Mail delivery.

Recipient's Name	Mrs. Tracy McHugh
School or Company	National University of Health Sciences
Department or Office	Office of the Vice President for Administrative Services
Address Line 1	200 E Roosevelt Rd.
Address Line 2	
City, State Zip	Lombard, IL 60148

Notice: The transcript of record is being forwarded on the condition that it cannot be released in whole or part to any other party without written consent of the individual to whom it pertains, in accordance with the Family Educational Rights and Privacy Act of 1974.

Requestor Signature (required for release)	Today's Date
--	--------------

Office Use Only

Processed by:

Checklist:

- ☐ Account
- ☐ Holds
- ☐ Complete Form
- ☐ Payment
- ☐ Logged

- ☐ Cash \$ _____
- ☐ Check \$ _____
- ☐ Credit \$ _____
- ☐ Comp

Fees (if necessary)

Transcript Service	Cost (per transcript requested)
Regular Service (US Mail)	\$0
Regular Service (Pick-up)	\$0
Rush Service (ready same day) (Request before 12PM CST)	\$10 plus Regular Service fee (Total \$10)
Domestic Overnight Delivery (UPS, FedEx or Express Mail)	\$17 plus Regular Service and Rush Service fee (Total \$27)
International Overnight Delivery (UPS, FedEx or Express Mail)	Call for pricing

Method of Payment

- ☐ Visa
- ☐ MasterCard
- ☐ Personal Check/Money Order

Amount Enclosed:

\$ _____

Credit Card Information

Name on Card _____

Card Number _____

Expiration Date _____

Signature _____

By signing above, you authorize National University of Health Sciences to charge the credit card indicated. I agree to pay charges relating to this transaction in accordance with the terms outlined in my card issuance agreement.